SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, MISCONSIN

(N. 1750)

M AUG 012011

Bayfield Co. Zoning Dept.

Application No.: 11-0364

Date: 10-5-11

Zoning District 4(-1(
Amount Paid: \$175.00 205

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

Signed by C. Inspector Rec'd for Issage Supproval Law Day OUT 5 2011	Children brust
The state of the s	Through the
ired: Yes I No 18 For Alouist 16 - A foogust the outing the South And Annustries	Mitigation Plan Required: ' Condition: レルルから
RWS By DOL Date of Inspection &-V-V	16st-Carecast
- 6	Inspection Record:
	Reason for Denial
<u> XG9</u> Permit Denie	Date 10:5:
State Sanifary Number N-735 Date 8-8-11	Permit Issued:
5 Members College Robert BAY FIECO WI 543/2/Copy o (If you recent) APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Cc	* See Notice on Back
II (Signature) Frank Paris Empore Date 6-2-2011	Owner or Authorized Agent (Signature)
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.	FAILUF I (we) declare that this appli (we) acknowledge that I (we) to issue a permit I (we) fi consent to county officials
ain) ☐ External Improvements to Accessory Building (explain)	☐ Residential Other (explain)
☐ Residential Accessory Building Addition (explain)	☐ Residential Accessory Building Addition
teration (explain)	
Garage sq. ft Commercial Other (explain)	Residence sq. ft
Residence w/attached garage (# of bedrooms)	☐ * Residence w/atta
Deck(2) sq. ft Commercial Accessory Building (explain)	Residence sq. it
	☐ ※ Residence w/dec
ř	Residence sq. ft
Type of Septic/Sanitary System SEPTIC + DK N/UE al Structure (# of bedrooms) D Mobile Home (manufactured date)	□ * Residence or Principal Structure
Number of Stories City	ture: New_ Warket Value_
reland Zone? Yes \(\) No \(\) If Yes. Distance from Shoreline: greater than 75' \(\) 75' to 40' \(\) less than 40 \(\)	Is your structure in a Shoreland Zone?
3967 (Home) (Work) Written Authorization Attached: Yes No No	Telephone 7 / 9
	1/CBAYE
+55 MEYERS- OLSON ROAD Plumber	Address of Property 86455
WK+JOAN EININAN Contractor (Phone)	Property Owner FRANK
Je	
Block Subdivision CSM# 1081 Acreage 4	Gov't Lot Lot
W Print Section 12 Township SO North Range II West T	100 E
SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER	LAND USE SA

CAPATION - 30 LYDA

Secretarial Staff

TOWN BOARD RECOMMENDATION -- (CLASS A)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891

Phone - (715) 373-6138

www.bayfieldcounty.org

Fax - (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Date Zoning Received: JUN 23 2011 : ∭(Stamp

Bayfield Co. Zoning Dept.

Property Owner(s) is lare responsible to give this form to the Town Planning Commission and the

your application-front and back]. The Town will forward their recommendation to the Planning and Zoning Department. Town Clerk Note: Planning Commission meets prior to the Town. This is a Class A special use request. [Attach a copy of

	Agent's Telephone Yes ()	OPENOTE SHOCK TERM PENTAL		
		Agent's Telephone	Agent's Telephone	Agent's Telephone
Agent's Telephone		Sul 1/4, Section 12 Township 50 N., Range R. W. Town of 6A4FE	Subdivision 12 Township SO N., Range R. W. Town of &A4F E	SU 1/4, Section 12 Township SO N., Range R W. Town of 6A4FE
ass 36 45 5 11 15 15 15 15 15 15 15 15 15 15 15	il Description involved in <i>this request</i> (specify <i>only</i> the property involved with this application)	Lot Block Subdivision Page 571 of Deeds Parcel I.D# 04-606-7-56-04-(2 5-02660 2660) Ac al Description: tate what you are asking for) Subdivision Zoning District: F	Lot Block Subdivision Page 574 of Deeds Parcel I.D# の4-506-2-50-04-(2 3-02500 26500 Accent Access Accent Access A	Lot Block Subdivision Page <u>574</u> of Deeds Parcel I.D# <u>04-506-7-50-04-(2-5-02500-7-6500</u> Ac al Description: tate what you are asking for) ステルのスナ 1772か(2470.7AL)
ass 36 95 9 15 15 15 15 15 15 15 15 15 15 15 15 15	il Description involved in <u>this request</u> (specify <u>only</u> the property involved with this application)	Parcel I.D# <u>04-006-7-50-04-(2-5-02000-2600)</u> Ac	Parcel I.D# <u>04-006-7-50-04-(2 3-02000 7600</u> Ac g for) Zoning District: ### PRINTAL	Parcel I.D# <u>04-006-7-50-04-(2 3-02<i>0</i>00 7.6mp</u> Ac g for)
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Authorized Agent LU W S48/4 Agent's Telephone Note that request (specify only the property involved with this applicable of Description involved in this request (specify only the property involved with this applicable of Description Lot Block Subdivision Page 571 of Deeds Parcel I.D# 04-006-2-50-04-(2-5-0200-2500) Accorded at Description:	Il Description involved in <i>this request</i> (specify <i>only</i> the property involved with this applic <u>SU</u> 1/4, Section 12 Township <u>SO</u> N., Range <u>R</u> W. Town of <u>894月足</u> Lot Block Subdivision		OPENOTES THOSE TEAM PENTAL	OPENATES THOSE TERM PERSONAL
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Agent's Telephone Agent SHRIF SHRIF Agent's Telephone Agent's Telephone Agent's Telephone Agent's Telephone Written Authorization Attached: Yes IDescription involved in this request (specify only the property involved with this applicate Market Block Subdivision Subdivision Page 514 of Deeds Parcel I.D# 04-006-12-50-04-12-5-02000 26000 Accorded to the What you are asking for) The Walt The Market Parameter Agent's Agent's The Market Parameter Walter Agent	Il Description involved in this request (specify only the property involved with this applic sub_1/4, Section 12_Township 50_N., Range R_W. Town of 8A4行をLot 8Ibock Subdivision Page 571 of Deeds Parcel I.D# 04-506-7-56-04-(2 3-026072600 2600 2600 2600 2600 2600 2600			经合适的现在分词 经收收收款 医电视性电阻 经现代的 医电视性神经性 医电视性性 医电视性 医电视性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺
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- ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:
- The Tabled, Approval or Disapproval box checked
- ω **N** ユ The Town's reasoning for the tabling, approval or disapproval
- The form returned to Zoning Department not a copy or fax

** NOTE:

of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department Receiving Town Board approval, does not allow the start

	Clerk	Supervisor	Supen	Signed: Chairman
Date:	Clerk Q/UD1	l		140
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6-20-2011				
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Revised: May 2010